SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	A. Received by (Please Print Clearly) B. Date of Deliver 10/5/08 C. Signature X Multiple Agent Addresse D. is delivery address different from item 1? Yes If YES, enter delivery address below:
Michael J. Zimmer, Gen. Manager CFC International, Inc. 500 State Street Chicago Heights, Illinois 60411	3. Service Type Certified Maii
RCRA-05-2008-0015	☐ Insured Maii ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7001 0320	0006,1448,7418
PS Form 3811, March 2001 Domestic Re	turn Receipt 102595-01-M-1